

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 18 2005

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9694</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Steven</u> <u>Fluke</u> P O Box Bldg Room No if any _____ Street <u>20 Frances Road</u> City <u>Raymond</u> State <u>Washington</u> ZIP Code + 4 <u>98577</u>	4 Name file number and address of labor organization Name <u>Woodworkers District Lodge W1 IAM</u> Labor Organization File Number <u>531-728</u> P O Box Building and Room Number if any _____ Street <u>25 Cornell Avenue</u> City <u>Gladstone</u> State <u>Oregon</u> ZIP Code + 4 <u>97027</u>
5 Position in labor organization <u>Assistant Directing Business Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____  7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

8-9-05

Date

503-656-1475

Telephone Number

Name of Person Filing <b>Steven Fluke</b>	File Number U
---	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name <u>Rainier Investment Management</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u>Suite 2801</u> Street <u>601 Union Street</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98101</u>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <u>T O C -I A M Woodworkers DC Plan</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u>2929 N W 31st Avenue</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97210</u>	<b>11 a Nature of such dealing</b> <u>Fund Manager for Taft-Hartley Pension Trust</u> <b>11 b Approximate dollar value of such dealing</b> <u>\$40,000 00</u> <b>12 a Nature of interest held or income received</b> <u>Sponsored participation in charity golf tournament on Sept 14, 2004</u> <b>12 b Amount</b> <u>\$250 00</u>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>14 a Nature of payment</b> <u></u>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> <u></u>